County: Fond Du Lac SHELTERED VILLAGE/RIPON

1	0	02	EUREKA

RIPON 54971 Phone: (920	0) 748-6252	Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of	Operation: 365	Highest Level License:	FDDs
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/	/31/03): 60	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/03):	: 60	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	53	Average Daily Census:	54
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Services Provided to Non-Residents		Age, Gender, and Primary Di				Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care		Primary Diagnosis	90	Age Groups	%	Less Than 1 Year	11.3 15.1
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	81.1	More Than 4 Years	69.8
Day Services Respite Care	No No	Mental Illness (Org./Psy)   Mental Illness (Other)		65 - 74   75 - 84		 	96.2
Adult Day Care	No			85 - 94		********	
Adult Day Health Care Congregate Meals	No No	Para-, Quadra-, Hemiplegic   Cancer		95 & Over 		Full-Time Equivalent   Nursing Staff per 100 Resi	
Home Delivered Meals Other Meals	No No	Fractures   Cardiovascular		   65 & Over		(12/31/03) 	
Transportation	No	Cerebrovascular				•	8.9
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	7.2
Other Services	No						
Provide Day Programming for		Other Medical Conditions		Male		Aides, & Orderlies	46.1
Mentally Ill	No			Female		•	
Provide Day Programming for			100.0			•	
Developmentally Disabled	Yes	•	e de de de de de de de de		100.0	•	te atrada atrada atrada atr

## Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		P	rivate Pay	•		amily Care			anaged Care	l		
Level of Care	No.	엉	Per Diem (\$)	No.	90	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	୍ଡ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	୍ବ	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				53	100.0	142	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	53	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	Ο	0.0		5.3	100.0		0	0.0		0	0.0		0	0.0		0	0.0		5.3	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, ar	nd Activities as of 12	/31/03
Deaths During Reporting Period	1				% Needing		Total
Percent Admissions from:	<u> </u>	Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	12.5 I	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	1.9		56.6	41.5	53
Other Nursing Homes	12.5	Dressing	13.2		45.3	41.5	53
Acute Care Hospitals	0.0	Transferring	37.7		24.5	37.7	53
Psych. HospMR/DD Facilities	0.0	Toilet Use	22.6		41.5	35.8	53
Rehabilitation Hospitals	12.5	Eating	56.6		18.9	24.5	53
Other Locations	62.5	*****	******	*****	*****	*******	*****
Total Number of Admissions	8	Continence		용	Special Treatmen	ıts	%
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	0.0	Receiving Resp	iratory Care	0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontiner	nt of Bladder	79.2	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	62.3	Receiving Suct	ioning -	0.0
Other Nursing Homes	18.2				Receiving Osto	omy Care	11.3
Acute Care Hospitals	0.0	Mobility			Receiving Tube	e Feeding	9.4
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	45.3	Receiving Mech	anically Altered Diet	s 60.4
Rehabilitation Hospitals	0.0						
Other Locations	45.5	Skin Care			Other Resident C	Characteristics	
Deaths	36.4	With Pressure Sores		0.0	Have Advance D	)irectives	98.1
Total Number of Discharges	1	With Rashes		9.4	Medications		
(Including Deaths)	11				Receiving Psyc	hoactive Drugs	39.6

Colored Statistics. This EDD Escility Compand to Similar Escilities ( Compand to All Escilities

55.1

11.3

39.6

Nursing Care Required (Mean) \*

Impaired ADL (Mean) \* Psychological Problems

	This Facility		FDD cilities	All Facilties		
	%	8	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	90.0	89.6	1.00	87 <b>.</b> 4	1.03	
Current Residents from In-County	35.8	33.5	1.07	76.7	0.47	
Admissions from In-County, Still Residing	0.0	11.3	0.00	19.6	0.00	
Admissions/Average Daily Census	14.8	21.3	0.70	141.3	0.10	
Discharges/Average Daily Census	20.4	25.0	0.81	142.5	0.14	
Discharges To Private Residence/Average Daily Census	0.0	11.4	0.00	61.6	0.00	
Residents Receiving Skilled Care	0.0	0.0	0.00	88.1	0.00	
Residents Aged 65 and Older	18.9	15.3	1.23	87.8	0.21	
Fitle 19 (Medicaid) Funded Residents	100.0	99.3	1.01	65.9	1.52	
Private Pay Funded Residents	0.0	0.5	0.00	21.0	0.00	
Developmentally Disabled Residents	100.0	99.4	1.01	6.5	15.40	
Mentally Ill Residents	0.0	0.3	0.00	33.6	0.00	
General Medical Service Residents	0.0	0.3	0.00	20.6	0.00	

1.04

0.79

1.02

53.1

50.1

11.0

49.4 1.11

57.4 0.69

7.3 1.55